FORM D

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UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

## UNIFORM LIMITED OFFERING EXEMPTION

114527	
OMB APPROVAL	

OMB Number: 3235-0076

Expires: Ausugt 31, 2008

Estimated average burden hours per response ......16.00

SEC USE ONLY					
Prefix		Serial			
DA	TE RECEIV	ED			
		_			

			or Die	<i>J</i> 231221				
Name of Offering (☑ chec Q-BLK Appreciation Fundamental Control of the Control o					ge.)	•		
Filing Under (Check box(es	) that apply):	□ Rule 504	☐ Rule 505	Ø Ru	ile 506	☐ Section 4	4(6) 🗖 ULOI	3
Type of Filing:	☐ New Filing	☑ Amendment						
		A. BASIC II	DENTIFICATI	ON DA	ТА		LINGTH RELEVISION REASE BUILD	194 HERE HOULEH HIN 1146
1. Enter the information req	uested about the is	suer						
Name of Issuer (☑ check if Q-BLK Appreciation Fundamental Control of the Control						<del></del>	08059	
Address of Executive Office 601 Union St. 56th Floor		Number and Street 101	City, State, Zip Co	ode.)	Telephone (206) 613	•		
Address of Principal Busine (if different from Executive	•	Number and Street	, City, State, Zip Co	ode)	Telephone	Number (Incl	uding Area Code	)
Brief Description of Busines Private Investment Fund	1							
Type of Business Organizati	🗖 limi	ted partnership, alre			**	lease specify)		
□ business trust  Actual or Estimated Date of Jurisdiction of Incorporation	Incorporation or C	rganization: 0 (Enter two-lette	1onth Year	ce abbrev	ctual iation for St	iability Com  Estimated ate:	D E	

#### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑	General and/or Managing Partner
Full Name (Last name first, if ind BlackRock Alternative Advisor		С				
Business or Residence Address 601 Union Street, 56 <sup>th</sup> Floor,		treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	9.6				
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)		<u> </u>			
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			<del></del>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	į ·				
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	· ·				
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	е)	· · · · · · · · · · · · · · · · · · ·	-	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
	(Use blank shee	t, or copy and use addition	nal copies of this sheet, as	necessary.)	_	

				B. IN	FORMA	ΓΙΟΝ AB	OUT OF	FERING				
					<u>-</u>						Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							☑					
2. What is the minimum investment that will be accepted from any individual?						*unless	\$ 5,000,000* *unless waived					
<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any</li> </ol>						Yes Ø	No □					
com a pe state	nmission or s erson to be li	similar remu isted is an a name of the	ineration for ssociated pe broker or o	r solicitation erson or age lealer. If m	n of purchas int of a brok ore than five	ers in conne er or dealer e (5) persor	ection with s registered is is to be liste	sales of secu with the SE	urities in the C and/or wi	offering. If the a state or ans of such a		
Full Na	me (Last nai	ne first, if it	ndividual)		ı	:			<u> </u>			
Matthe	w McCutch	nen				•						
Busines	ss or Residen	ice Address	(Numb	er and Stree	t, City, State	e, Zip Code	)					
925 Fc	ourth Aven	ue, Suite 2	2288, Seat	tle, WA 98	104							
Name o	of Associated	Broker or l	Dealer									
States in	n Which Per	son Listed F	łas Solicited	or Intends	to Solicit Pu	ırchasers						
(Che	ck "All State	s" or check	individual S	States)	**************		***********		• • • • • • • • • • • • • • • • • • • •		🗖	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	me (Last nar			[17]	[01]	. [, ,]	(***)			1.77.	(",")	11.10
Busines	s or Residen	ce Address	(Numbe	er and Stree	t, City, State	e, Zip Code	)	<del></del>				<del></del>
Name o	f Associated	Broker or l	Dealer	<del>.</del> .		<del></del>						<del> </del>
States i	n Which Per	non Listad I	Ina Calinitas	1 on Intondo	to Colinia D							
				-					•••••			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
(IL) [MT]	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	{NJ] [TX]	[NM] {UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	{OK} [WI]	[OR] [WY]	[PA] [PR]
Full Na	me (Last nar		ndividual)		•							
Busines	s or Residen	ce Address	(Numbe	er and Stree	t, City, State	, Zip Code	)					
Name o	f Associated	Broker or I	Dealer	-4.								
States in	n Which Pers	son Listed F	las Solicited	l or Intends	to Solicit Pu	ırchasers						
(Che	ck "All State	s" or check	individual S	States)	••••••	***************************************				••••••		All States
(AL) (IL) (MT)	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<ol> <li>Enter the aggregate offering price of securities included in this offering and the total amo sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering box □ and indicate in the columns below the amounts of the securities offered for ex</li> </ol>	check this	
already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt		
Equity		
□ Common □ Preferred	<u> </u>	~ <del></del>
Convertible Securities (including warrants)	<b>\$</b> 0	\$
Partnership Interests		\$
Other (Specify) LLC Interests		*
Total	•	•
10(a)	J. J	\$ <u>173,023,30</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased secur offering and the aggregate dollar amounts of their purchases. For offerings under Rule 5 the number of persons who have purchased securities and the aggregate dollar amount purchases on the total lines. Enter "0" if answer is "none" or "zero."	04, indicate	
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	24	\$ 193,655,301
Non-accredited Investors		s <u> </u>
Total (for filings under Rule 504 only)		\$N/A
Answer also in Appendix, Column 4, if filing under ULOE.		-
Answer also in Appendix, Column 4, it tilling under OLOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information reques securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (prior to the first sale of securities in this offering. Classify securities by type listed Question 1.	12) months	
	Type of	Dollar Amount
Type of Offering	Security	Sold
Rule 505		\$0
Regulation A		\$0
Rule 504	<u>N/A</u>	\$ <u>0</u>
Total	<u>N/A</u>	<b>\$</b> 0
4. a. Furnish a statement of all expenses in connection with the issuance and distributed securities in this offering. Exclude amounts relating solely to organization expensions. The information may be given as subject to future contingencies. If the arresponditure is not known, furnish an estimate and check the box to the left of the estimate.	nses of the nount of an	
Transfer Agent's Fees		\$(
Printing and Engraving Costs		\$ 0
Legal Fees		\$ 150,000
Accounting Fees		\$ 25,000
Engineering Fees		\$ <u>25,000</u>
Sales Commissions (specify finders' fees separately)		\$ (
Other Expenses (identify) Administrative/Custodial Fees /Director's Fees	<del>-</del>	\$ (
		\$ 175,000
Total	<b></b>	J

C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND	USE OF	PROCEI	EDS	
b. Enter the difference between the aggregate of Question 1 and total expenses furnished in redifference is the "adjusted gross proceeds to				\$	Unlimited
Indicate below the amount of the adjusted gross pro- for each of the purposes shown. If the amount for an check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response to Pa	y purpose is not known, furnish an estimate and of the payments listed must equal the adjusted				
		Payme Officers, l & Affi	Directors	Pa	yments To Others
Salaries and Fees		<b>□</b> \$	0_	<b>□</b> \$_	0
Purchase of real estate					0
Purchase, rental or leasing and installation of machi		·			0
Construction or leasing of plant buildings and facilit					0
Acquisition of other businesses (including the value be used in exchange for the assets or securities of ar	of securities involved in this offering that may	□ \$			0
Repayment of indebtedness		□ \$	0	□ \$_	0
Working capital		<b>-</b> \$	0	<b>□</b> \$_	0
Other (specify) Investment in securities					<u> 193,655,301</u>
Column Totals		□ <b>\$</b>	0	፟ \$_	193,655,301
Total Payments Listed (column totals added)			☑ \$ <u>193</u>	,655,3	<u>01</u>
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the ignature constitutes an undertaking by the issuer to furniformation furnished by the issuer to any non-accredited	sh to the U.S. Securities and Exchange Commissi	on, upon w			
Issuer (Print or Type)	Signature		Date		
Q-BLK Appreciation Fund III, LLC	n Multon	De/	/ Septe	ember	9, 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	_			
BlackRock Alternative Advisors (GenPar), LLC, in its capacity as managing member By: BlackRock Financial Management, Inc., its managing member	Managing Member of Issuer				
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Marie M. Bender	   Managing Director of BlackRock Financial	Managem	ent, Inc.		

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

